CVEC & COBANK'S "SHARING SUCCESS" MATCHING GRANT PROGRAM

APPLICATION FORM

(Once completed, please return to Amber Himle at CVEC via USPS: PO Box 751 Seminole, OK 74818, E-Mail: ahimle@mycvec.coop, Fax 405.230.1539 (please call if you send by fax), or in person at Headquarters: I-40 & Hwy 99/US-377) Applications with required documentation must be <u>received</u> by 11:59pm on Friday, April 30th 2021.

Please contact Amber Himle directly with any questions by calling 405-230-1439.

Nonprofit Organization Name		
Address		
City	State	Zip Code
TIN (Taxpayer Identification Number)		
Contact Name	Title	
Contact Phone	Email	
Intended Use of Gift (Please provide a	brief description of the organi	ization, program, and intended use
of the contribution. You may attach de	ocuments if necessary):	
not designated a 501(c)(3) are also eligible counties or municipalities and their agenc consistent with the purpose and guideline	e. These organizations include scholes or departments, as long as the es of the Sharing Success program lentification number). Matching for	
Applicant's Signature		